## FEC FORM 3

## **REPORT OF RECEIPTS**

For An Authorized Committee

2915 OCT 26 1 8 36

1. NAME OF TYPE OR P COMMITTEE (in full)		Example: If typing, type over the lines.	12FE4M5	
Friends of Champ Edmunds				
ADDRESS (number and street)	′612 		1 1 1 1 1 1 1 1	
Check if different than previously reported. (ACC)  Missoula	1.		MT 59808	
P. FEC IDENTIFICATION NUMBER ▼	CITY <sup>▲</sup>		STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00543041	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	MT 00
i. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)	(b) 12-Γay <b>PI</b>	RE- (juiting in port for the image 2P)  Conversion (12C)	Gen. The (CG)	Runoff (12R)
October 15 Quarterly Report (Q2)	3) Election of	m	/	in the State of
January 31 Year-End Report (YE	(c) 30-Day <b>PC</b>	OST-Election Report for to	he. Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on	,	in the State of
5. Covering Period 07 01 2015 through 09 30 2015				
Figure 1 certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer R.C. Edauce Lo				
Type or Print Name of Treasurer  R.C. Edance ds  Signature of Treasurer  Date  Date				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.				
Office Use			1	C FORM 3